

## Ohio EPA - Daily Discharge Monitoring Report - Form 4500

<b>SUBMISSION ID:</b>	27109	<b>STATUS:</b>	Revision
<b>FACILITY:</b>	American Energy Corp Century Mine	<b>PERMIT NUMBER:</b>	<b>01L00091*GD</b>
<b>LOCATION:</b>	43521 Mayhugh Hill Rd Twp Hwy 88	<b>STATION CODE:</b>	017
	Beallsville, OH 43716	<b>MONITORING PERIOD :</b>	<b>2008-09-01 To: 2008-09-30</b>
<b>COUNTY:</b>	Belmont	<b>REPORTING LAB:</b>	Tra-Det Inc.
<b>DISTRICT:</b>	SEDO	<b>ANALYST:</b>	Laura K. Wright
		<b>NO DISCHARGE INDICATOR:</b>	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Chlorine, Total Residual	CBOD 5 day	Fecal Coliform		
PARAMETER CODE	00530	00610	50060	80082	31616		
UNITS	4106	4106	4106	4106	6654		
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab		
2008-09-01			AN				
2008-09-02			0				
2008-09-03			0				
2008-09-04			0				
2008-09-05			0				
2008-09-06			AN				
2008-09-07			AN				
2008-09-08	AA 4.0	0.22	0	AA 1.9			
2008-09-09			0				
2008-09-10			0		AA 10		
2008-09-11			0				
2008-09-12			0				
2008-09-13			AN				
2008-09-14			AN				
2008-09-15			0				
2008-09-16			0				
2008-09-17			0				
2008-09-18			0				
2008-09-19			0				
2008-09-20			AN				
2008-09-21			AN				
2008-09-22			0				
2008-09-23			0				
2008-09-24	AA 4.0	0.27	0	AA 1.9			
2008-09-25			0				
2008-09-26			0				
2008-09-27			AN				
2008-09-28			AN				
2008-09-29			0				
2008-09-30			0				
Minimum	0.0	0.22	0.0	0.0	0.0		
Maximum	0.0	0.27	0.0	0.0	0.0		
Average	0	0.245	0	0	0		
Count	2	2	21	2	1		
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Adam Hartley							

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